

I Floor Single Room
Non A**BILLING CARD**

Patient Name

Mrs. GOMATHI

41/Female/MHC202476046

12/10/2024 'IPC2024002837'

Dr. MALINI / Dr. MALINI

IP No. _____

Room No. _____

D.O.A. 12.10.24 Time 06:55 PM

Rent Per Day 1850/-

TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date	:	13/10/24	OT No.	:	I
Surgeon	:	DR. MALINI	Start Time	:	9.15 AM
I Asst. Surgeon	:	—	End Time	:	10.00 AM
II Asst. Surgeon	:	DR. SASIKACA	Dis. Pack	:	—
III Asst. Surgeon	:	—	Diathermy	:	—
Anaesthetist	:	DR. RAVI KUMAR	C-Arm	:	—
OT Nurse	:	YOGIA	Arthroscopy	:	—
Name of Surgery	:	⊕ Lap Ovarian Cyst.	Laproscopy	:	INSTRUMENTS ONLY
			Sevoflurane / Isoflurane	:	500 / —
			Inj. Fentanyl	:	200 10ml / Inj. Morphine — ① Amp
			Others	:	

MONITOR**INFUSION PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN**SYRINGE PUMP**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED**SCD PUMP****VENTILATOR**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]

OPERATION THEATRE

Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date _____

LABORATORY

12/10/24 Blood Group and PH TYPE, RBS - 202412707

